RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR01459	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT COTTAGE AT THE ELMS INC	25 CHESTNUT ST WESTERLY, RI 02891

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 003	Initial Comments An unannounced biennial State Licensure survey was conducted at this residence on 10/03/2025 through 10/07/2025. Deficiencies were identified relative to the State Licensure survey.	S 003	**S 165** – There have been no instances of a resident needing resuscitation. There was at least one employee working on 10/2 and 10/9 that was CPR certified, however they failed to provide documentation. This issue has been corrected. Future schedules have been and will continue to be audited by the Office Manager and Administrator for compliance. The Quality Assurance Committee will establish a goal of certifying more employees.	11/05/25 Ongoing
S 165	Organization And Management 2.4.12.D Administrative Management 2.4.12 (D) Cardiopulmonary Resuscitation 1. At all times, one person on-site shall have successfully completed instruction by the American Heart Association, the American Red Cross, or the National Safety Council at the minimal ("Heartsaver") level to perform cardiopulmonary resuscitation. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to have, at all times, one person on-site that has successfully completed instruction by the American Heart Association, the American Red Cross, or the National Safety Council at the minimal ("Heartsaver") level to perform cardiopulmonary resuscitation (CPR). Findings are as follows: Review of the staffing schedule for the week of 9/28/2025 through 10/4/2025 revealed that on 10/2/2025 no one was CPR certified on the third shift. Further review of the staffing schedule for the week of 10/5/2025 through 10/11/2025 revealed that on 10/9/2025 no one was CPR certified on the third shift. During a surveyor interview on 10/7/2025 at	S 165	11/1/2025	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark Taylor — TITLE: Adm. — (X6) DATE: 11/04/2025

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S 165	Continued From page 1 approximately 12:30 PM with the Nurse Manager, he could not provide evidence the shifts were staffed on the above-mentioned dates with personnel holding CPR certifications.	S 165		
S 490	Residential Care Services 2.4.21.C Dietetic Services 2.4.21 (C) Dietetic Services C. The food service in each residence shall comply with the appropriate requirements of R.I. Gen. Laws Chapters 21-27 and 21-31, Rhode Island Food Code (Part 50-10-1 of this Title), and such other applicable statutory or regulatory provisions. This Requirement is not met as evidenced by: Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to comply with all appropriate standards of the Rhode Island Food Code relative to the Kitchenette. Findings are as follows: 1. Record review of the 2022 Food Code published by the U.S. Food and Drug Administration edition, Section 3-602.11, Food Labels states in part "...(B) Label information shall include: (1) The common name of the food..." During the tour of the Kitchenette on 10/6/2025 at 9:10 AM, the following was revealed in the reach in refrigerator: -1 clear bottle of white liquid without an identifier	S 490		

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S 490	Continued From page 2 or date. -2 clear bottles of a dark liquid without an identifier or date. -diced white meat with a sauce in a bowl without an identifier or date. -chopped vegetables in a container without an identifier or date. -2 sandwiches in aluminum foil without an identifier or date. -a container of shells, diced carrots, and an unidentifiable meat, without an identifier or date. 2. Record review of the 2022 Food Code published by the U.S. Food and Drug Administration, Section 5-501.113 "...Covering Receptacles. Receptacles and waste handling units for Refuse, recyclables, and returnable shall be kept covered: (A) Inside the Food Establishment if the receptacles and units: (1) Contain food residue and are not in continuous use..." During a surveyor observation in the preparation area, there was a trash container without a cover. During a surveyor interview following the above observation, Universal Worker, Staff A, acknowledged the above-mentioned liquid containers did not have an identifier or date, as well as the above-mentioned food. Additionally, she acknowledged the trash container did not have a lid. During a surveyor interview with the Chef Manager on 10/7/2025 at approximately 1:00 PM,	S 490	**S 490** – The food and liquid items lacking labeling were discarded. All food storage areas were reviewed for compliance with labeling and dating. The Chef Manager will be responsible for monitoring food storage for compliance. The Quality Assurance Committee will conduct regular inspections of the food storage areas. **S 490** – Trash containers with lids were purchased to replace the existing containers.	10/6/25 Ongoing 10/10/25

11/19/25

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S 490	Continued From page 3 he could not provide evidence that the above items had labels and dates. He further could not provide evidence of lids for the trash containers.	S 490		
S 565	Residential Care Services 2.4.24.B.1 Medication Services 2.4.24 (B) (1) Administration of Medications 1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident. a. The resident or guardian must provide written authorization for the residence to provide administration of medications. b. Medications shall be administered in accordance with written orders of a physician. The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service. c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist. d. The resident must be identified prior to administration of any medication. e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.	S 565		

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S 565	Continued From page 4 f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse. g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title). (1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor. (AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use. (BB) Excess and undesired needles, syringes and other such instruments shall be stored in impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers. (CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter. h. Individual medication records must be retained for each resident to whom medications are being administered and each dose	S 565		

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S 565	Continued From page 5 administered to the resident must be properly recorded. i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate. j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population. k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part. l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel. This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access for the singular medication cart observed. Findings are as follows:	S 565		

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S 565	Continued From page 6 1) Resident ID #1's Medication Administration Record (MAR) indicates the resident is prescribed Acetaminophen 325 milligrams (mg). Take 2 tablets (650 mg) by mouth every 8 hours as needed for pain/fever. During a surveyor observation on 10/6/2025 at approximately 8:50 AM, the above-mentioned medication was not available to be administered. 2) Resident ID #2's MAR indicates the resident is prescribed Trelegy 100-62.5 microgram (mg), inhale one puff daily. Manufacturer instructions indicate to discard 6 weeks after opening. During a surveyor observation on 10/6/2025 at approximately 8:55 AM, the above-mentioned medication was not available to be administered. During a surveyor interview with Registered Nurse, Staff B, on 10/6/2025 at approximately 9:00 AM, she acknowledged that the residence did not have the resident's Acetaminophen. During a surveyor interview on 10/6/2025 at approximately 1:40 PM with the Clinical Manager, he could not provide evidence the medications listed above were stored appropriately, as required.	S 565	**S 565** – The issues with both medications were corrected. A medication cart audit was conducted to ensure medication administration compliance, and regular future audits will be conducted and reviewed by the Quality Assurance Committee.	10/06/25 10/07/25 Ongoing